									Application or Docket Number				
	PATENT A		-	RD			1.	·C//	~~//				
Effective December 29, 1999													3534
CLAIMS AS FILED - PART I (Column 1) (Column 2)										L ENTITY	, OF		THAN ENTITY
FOR			NUMBER FILED NUMBER EXT				EXTRA	ſ	RATE	FEE	7	RATE	FEE
BASIC FEE									624 m	345.0	D OF		690.00
TOTAL CLAIMS			25 minus 20=			• 3			X\$ 9=		OF	X\$18=	54
INDEPENDENT CLAIMS						6		X39=			OF	X78=	468
MULTIPLE DEPENDENT CLÁIM PRESENT								+130=		OF	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OF	TOTAL	1717
4	2-16-C	LAIMS	S AS A				OTHER						
_	(Column 1) (Column 2) (Column 3)							_	SMALI	. ENTITY		SMALL	ENTITY
NT A		REMA	NIMS NINING TER DMENT		NI PRE	GHEST UMBER VIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		31	Minus	6	23	<u> </u>		X\$ 9=		OR	X\$18=	144
AME	Independent	• 6	7	Minus	•••	7	= .	I	X39=		ОЯ	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
* TWO-030/PENSIFERED								L	TOTA		OR	TOTAL ADDIT. FEE	144
	8-00)	(Column 1) (Column 2) (Column 3)										,	
ME B		REMA	aims Aining Ter		PRE	GHEST UMBER VIOUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONA		RATE	ADDI- TIONAL
MENDMENT	Total	AMEN	DMENT	Minus	**	ND FOR	<u>-</u>	t	X\$ 9=	FEE	OR	X\$18=	FEE
Ş	Independent	. 2	7	Minus	•••	9	•	ŀ	X39=	+	-	V20.	
₹	FIRST PRESE	NTATIO	N OF M	JLTIPLE DE	PENDE	NT CLAIM		.	V29-	+	OR	7.00	
Γ								L	+130=		ÓH	·	
								A	TOTA DOIT. FE	. 8	OR	ADDIT. FEE	
		(Column 1) (Column 2) (Column 3										· · ·	
STR		REM.	AIMS AINING TER IDMENT		N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total			Minus	••		=		X\$ 9=		OR	X\$18=	
REP	Independent	•		Minus			×	1	X39=	1-	OR		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+	Ⅎ‴		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130=		OR	TOTAL	
"If the entry in column 1 is less than the entry in column 2, write 10 in column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEEODIT. FEE													
	The "Highest Nur	mber Pre	viously Pa	id For (Total o	r Indep	endent) is the	highest number	er four	nd in the	appropriate	box in c	olumn 1.	
L					•								

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